

EXHIBIT 9

Permission to Release School Records Form

I hereby authorize Cranbrook Kingswood School to release to any institution of learning such as schools, colleges, or universities (for use in any admission or placement process); employer (whether present or prospective); governmental agencies including the Social Security Administration and the Veterans Administration; and physicians, hospital, medical, psychiatric or educational consultants, any relevant information included in my school records, including but not limited to academic transcripts, standardized test scores, attendance records, and school recommendations. This authorization shall remain in force until specifically revoked by me in writing.

This authorization is granted for or by Michael Dupree,
A student who was or is enrolled at Cranbrook Kingswood School.

Signature of parent or legal guardian: Barlene Dupree
Date: June 16, 03

Signature of student: _____
(18 years of age)
Date of Birth 8/27/85 Date: _____

Signature of student: [Signature]
Reconfirm at age 18
Date: 7-03-03

Please fax a copy of this form to the College Counseling Office at (248) 645-3081.

Then send original with signature to: College Counseling Office
PO Box 801
Bloomfield Hills, MI 48303-0801

Revised 10/2001

**DEPOSITION
EXHIBIT**

D. Dupree
12-16-05 SP

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JUL 14 2003
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